

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

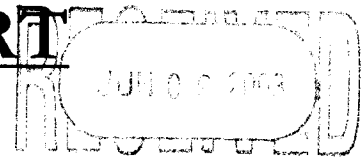
**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**

**D**

W-02027A  
Dateland Public Service  
P. O. Box 3011  
Dateland AZ 85333-3011

**ANNUAL REPORT**

ARIZONA CORPORATION  
COMMISSION



Director of Utilities

**FOR YEAR ENDING**

<b>12</b>	<b>31</b>	<b>2002</b>
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FOR COMMISSION USE

<b>ANN04</b>	<b>02</b>
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*Entered  
6-10-03  
C.M.*

*11/6/03  
3141  
P*

## COMPANY INFORMATION

Company Name (Business Name) Dateland Public Service Co., Inc.

Mailing Address P.O. Box 3011

Dateland AZ 85333-3011  
(City) (State) (Zip)

(928) 454-2751 - -  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address -

Local Office Mailing Address P.O. Box 3011

Dateland AZ 85333-3011  
(City) (State) (Zip)

(928) 454-2751 - -  
Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address -

## MANAGEMENT INFORMATION

Management Contact: Alice L. Erb Operations Admin.  
(Name) (Title)

P.O. Box 3011 Dateland AZ 85333  
(Street) (City) (State) (Zip)

(928) 454-2751 - -  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address -

On Site Manager: Alice L. Erb  
(Name)

P.O. Box 3011 Dateland AZ 85333  
(Street) (City) (State) (Zip)

(928) 454-2751 - -  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address -

**Statutory Agent:** Alice L. Erb  
 (Name)

P.O. Box 3011 DeLand AZ 85333-3011  
 (Street) (City) (State) (Zip)

(928) 454-2751 — —  
 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

**Attorney:** none  
 (Name)

— — — —  
 (Street) (City) (State) (Zip)

— — —  
 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S)    | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)        | <input type="checkbox"/> Subchapter S Corporation (Z)                                |
| <input type="checkbox"/> Bankruptcy (B)         | <input type="checkbox"/> Association/Co op (A)                                       |
| <input type="checkbox"/> Receivership (R)       | <input type="checkbox"/> Limited Liability Company                                   |
| <input type="checkbox"/> Other (Describe) _____ |  |

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- |                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> APACHE     | <input type="checkbox"/> COCHISE  | <input type="checkbox"/> COCONINO        |
| <input type="checkbox"/> GILA       | <input type="checkbox"/> GRAHAM   | <input type="checkbox"/> GREENLEE        |
| <input type="checkbox"/> LA PAZ     | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE          |
| <input type="checkbox"/> NAVAJO     | <input type="checkbox"/> PIMA     | <input type="checkbox"/> PINAL           |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI  | <input checked="" type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE  |                                   |  |

COMPANY NAME

Datedland Public Service Co., Inc.

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$ 31,016. <sup>32</sup>
460	Unmetered Water Revenue		—
474	Other Water Revenues		—
	<b>TOTAL REVENUES</b>	\$	\$ 31,016. <sup>32</sup>
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$	\$ 166. <sup>20</sup>
610	Purchased Water		—
615	Purchased Power		5,456. <sup>09</sup>
618	Chemicals		2,245. <sup>32</sup>
620	Repairs and Maintenance		3,280. <sup>28</sup>
621	Office Supplies and Expense		2,470. <sup>59</sup>
630	Outside Services		19,987. <sup>69</sup>
635	Water Testing		936. <sup>46</sup>
641	Rents		—
650	Transportation Expenses		2,196. <sup>41</sup>
657	Insurance – General Liability		99. <sup>00</sup>
659	Insurance - Health and Life		—
666	Regulatory Commission Expense – Rate Case		—
675	Miscellaneous Expense		915. <sup>46</sup>
403	Depreciation Expense		2,000. <sup>00</sup>
408	Taxes Other Than Income		303. <sup>48</sup>
408.11	Property Taxes		1,574. <sup>24</sup>
409	Income Tax		77. <sup>00</sup>
	<b>TOTAL OPERATING EXPENSES</b>	\$	\$ 41,708. <sup>46</sup>
	<b>OPERATING INCOME/(LOSS)</b>	\$	\$ (10,692. <sup>14</sup> )
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$ 182. <sup>00</sup>
421	Non-Utility Income		—
426	Miscellaneous Non-Utility Expenses		(134. <sup>76</sup> )
427	Interest Expense		(49. <sup>24</sup> )
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$ 8
	<b>NET INCOME/(LOSS)</b>	\$	\$ (10,644. <sup>90</sup> )

COMPANY NAME

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	<del>NA</del>	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate				
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ \_\_\_\_\_

Meter Deposits Refunded During the Test Year \$ \_\_\_\_\_

COMPANY NAME

## WATER COMPANY PLANT DESCRIPTION

### WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (Gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
# 55-612638	5 hp	55 gpm	628'	6"	2"	1962

- Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
—	—	—

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
3 hp	2	—	—

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
50,000 gpm	1	3,000	1

COMPANY NAME \_\_\_\_\_ YEAR ENDING 12/31/2002

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2002 was: \$ 1574.24

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_

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COMPANY NAME \_\_\_\_\_

YEAR ENDING 12/31/2002

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported \_\_\_\_\_  
Estimated or Actual Federal Tax Liability \_\_\_\_\_State Taxable Income Reported \_\_\_\_\_  
Estimated or Actual State Tax Liability \_\_\_\_\_

Amount of Grossed-Up Contributions/Advances: \_\_\_\_\_

Amount of Contributions/Advances \_\_\_\_\_  
Amount of Gross-Up Tax Collected \_\_\_\_\_  
Total Grossed-Up Contributions/Advances \_\_\_\_\_*Filed extension -  
not calculated  
yet*

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

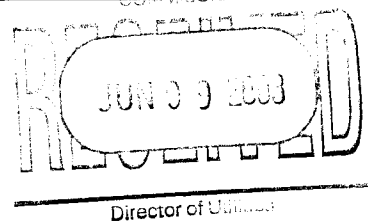
**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

  
\_\_\_\_\_  
SIGNATURE*5-31-03*  
\_\_\_\_\_  
DATE*Alice L. Erb*  
\_\_\_\_\_  
PRINTED NAME*Operations Admin.*  
\_\_\_\_\_  
TITLE



# VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only



## VERIFICATION

STATE OF AZ

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>Yuma County</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Alice L. Erb, Operations Admin.</u>
COMPANY NAME	<u>Dateland Public Service Co., Inc.</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2002

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

## SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2002 WAS:

Arizona IntraState Gross Operating Revenues Only (\$)

\$ 33,237.63

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$  
IN SALES TAXES BILLED, OR COLLECTED

**\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

6th

DAY OF

(SEAL)

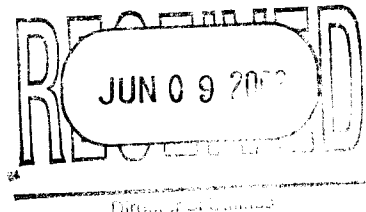
MY COMMISSION EXPIRES March 31, 2005

Alice L. Erb  
SIGNATURE OF OWNER OR OFFICIAL  
(928) 454-2751  
TELEPHONE NUMBER

COUNTY NAME	<u>YUMA</u>	
MONTH	<u>June</u>	
<u>Maria D. Caughlan</u> SIGNATURE OF NOTARY PUBLIC		

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
INTRASTATE REVENUES ONLY**

ARIZONA CORPORATION  
COMMISSION



VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

(COUNTY NAME) <u>Yuma County</u>	
NAME (OWNER OR OFFICIAL) <u>Alice L. Erb</u>	TITLE <u>Operations Admin</u>
COMPANY NAME <u>Dateland Public Service Co., Inc.</u>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2002

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2002 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>33,237.63</u>

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 2,221.31  
IN SALES TAXES BILLED, OR COLLECTED

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

Alice L. Erb  
SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

6<sup>th</sup>

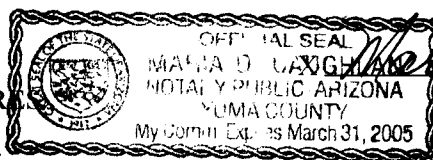
DAY OF

NOTARY PUBLIC NAME <u>MARIA D. CAUGHLAN</u>	
COUNTY NAME <u>YUMA</u>	
MONTH <u>June</u>	20 <u>03</u>

(SEAL)

MY COMMISSION EXPIRES

March 31, 2005



Maria D. Caughlan  
SIGNATURE OF NOTARY PUBLIC